

This form is intended to document complaints received in the licensing office. Unless the complaint is considered harassment, a licensing visit must be conducted within 10 calendar days after receipt of the complaint.

REPORT		<input type="checkbox"/> URGENT	<input type="checkbox"/> PRIORITY NO. _____	<input type="checkbox"/> RIS REFERRAL
REPORTED <input type="checkbox"/> IN PERSON <input type="checkbox"/> BY LETTER <input type="checkbox"/> BY TELEPHONE		DISTRICT OFFICE		
COMPLAINANT NAME		VISIT DUE DATE		
ADDRESS		CONTROL NUMBER		
STREET				
CITY		FACILITY INFORMATION		
ZIP CODE		TYPE OF FACILITY		
TELEPHONE NUMBER (DAY)		FACILITY FILE NUMBER		
AREA CODE ()		FACILITY NAME		
RELATIONSHIP/INVOLVEMENT WITH FACILITY		ADDRESS		
WAS ABUSE REPORT REQUIRED AND FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO		STREET		
DOES COMPLAINANT WISH TO REMAIN ANONYMOUS? <input type="checkbox"/> YES <input type="checkbox"/> NO		CITY		
		ZIP CODE		
		TELEPHONE NUMBER		
		AREA CODE ()		

1. Physical Abuse/Corporal Punishment	5. Fire Clearance	9. License	13. Medication	17. Financial Issues
2. Sexual Abuse	6. Crimes	10. Neglect/Lack of Supervision	14. Financial Abuse	18. Questionable Death
3. Personal Rights	7. Physical Plant	11. Food Service	15. Level of Care	19. Other
4. Unlicensed Care	8. Record Keeping	12. False Statements	16. Qualifications	

[illegible]

[illegible][illegible][illegible]

LICENSING EVALUATOR'S SIGNATURE	DATE	LICENSING SUPERVISOR'S SIGNATURE	DATE
			